



**OFFICE OF THE MAYOR**  
**Thomas M. Menino**

**CITY OF BOSTON SCHOLARSHIP FUND**

<b>The Program</b>	<p>Mayor Thomas M. Menino established the City of Boston Scholarship Fund to provide assistance to Boston residents who plan to pursue a two or four year undergraduate program within Massachusetts. Funds for the scholarship are made possible from voluntary contributions made by citizens, corporate sponsors, and others. Scholarships will be offered each year for full-time degree-seeking study at any two or four-year accredited post-secondary institution within the Commonwealth of Massachusetts.</p> <p>The award amount and number of scholarships will depend on available funds through annual contributions. Scholarship recipients may reapply each year. The scholarship program operates under the authority of a Scholarship Committee, appointed by the Mayor, and is managed by the City of Boston.</p>
<b>Eligibility</b>	<p>Applicants must be a legal resident of Boston for at least two years as of January 1 of the year of the application. Applicants must also graduate from high school or have completed the G.E.D. by the time the awards are made.</p>
<b>Application Process</b>	<p>To apply, students must complete the application form and submit:</p> <ul style="list-style-type: none"><li>• A letter of recommendation (from school, employer, church, or community).</li><li>• An official secondary school record and SAT or TOEFL score if available or G.E.D. score report.</li><li>• Essay on how your education will benefit your future career goals will contribute to the good of the City of Boston.</li><li>• Finalists must provide a copy of their most recent 1040 tax form and Financial Aid Form (FAF) for verification of financial aid.</li><li>• If selected, participants will be asked for proof of residency and evidence that they will be attending a post-secondary institution within the Commonwealth of Massachusetts.</li></ul>
<b>Selection of Recipient</b>	<p>Scholarship recipients are evaluated based on the information supplied. Students are encouraged to answer all questions as thoughtfully and completely as possible. Financial need is determined based on the total cost of education and living expenses for a school year less expected family contributions and other grant and loan funds awarded to the applicant. Awards are contingent upon acceptance to an accredited institution within Massachusetts. Applicants will be notified of the award decision by the beginning of June. Re-awards will be based on successful academic performance and continued financial need.</p>
<b>To Request Application</b>	<p>Applications will be available after January 15, 2006. Write to Scholarship Fund, P.O. Box 9715, City Hall Plaza, Boston, MA, 02114 or go to: <a href="http://www.cityofboston.gov/mayor/scholarship">www.cityofboston.gov/mayor/scholarship</a></p>
<b>Due Date</b>	<p>Applications are due no later than 5:00p.m., Saturday April 3, 2006. Incomplete applications or applications received after the deadline will not be accepted.</p>



# CITY OF BOSTON SCHOLARSHIP FUND

## APPLICATION FORM

Number \_\_\_\_\_

**INSTRUCTIONS:** Be sure to answer all the questions. Submit the completed application form with personal recommendation, and official secondary school record or G.E.D., no later than April 3. Mail to: Scholarship Fund, P.O. Box 9715, City Hall Plaza, Boston, MA 02114.

### GENERAL INFORMATION (Please print or type)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Area Code) (Area Code)

Date & Place of Birth (MM/DD/YY) \_\_\_\_\_ Social Security \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (County)

Are you a permanent Alien Resident? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No Other (Please specify)

### OPTIONAL (Check the appropriate box)

☐ Male ☐ Female

☐ American Indian ☐ Asian ☐ African American ☐ Latino ☐ White ☐ Other

### ACADEMIC INFORMATION (Secondary School Education & Academic Information)

School Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Cumulative Grade Point Average \_\_\_\_\_ Rank in Class \_\_\_\_\_ Class Size \_\_\_\_\_

G.E.D. Program \_\_\_\_\_ Score \_\_\_\_\_ Date of Completion \_\_\_\_\_

### POST-SECONDARY SCHOOL PLANS

(Provide the names of post-secondary Institutions you are applying to, or have been accepted at. )

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Expected Entry \_\_\_\_\_ Field of Study \_\_\_\_\_

(Recipients of scholarship must attend a post-secondary institution in Massachusetts.)

**WORK EXPERIENCE** (Describe your work experience during the past two years: Employer and hours per week.)

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours worked per week \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours worked per week \_\_\_\_\_

**ACTIVITIES, AWARDS AND HONORS** (List all school activities in which you have participated.)

Type of Activity	Number of Years	Position

**COMMUNITY SERVICE** (List all volunteer and community service activities during the past two years.)

Type of Activity	Number of Years	Position	Hours per Week

List the three most important community activities in which you have been involved.

**FINANCIAL DATA** (Finalists will be required to provide a copy of their most recent 1040 tax return and FAF form for verification of financial need.)

A. Estimated educational cost	\$
B. Living expenses (room and board)	\$
C. TOTAL EXPENSES (A plus B)	\$
D. Family contribution to expenses	\$
E. Scholarships, grants, loans, and other sources	\$
F. TOTAL SUPPORT (D plus E)	\$
G. CALCULATE FINANCIAL NEED (Subtract F from C)	\$

**ESSAY QUESTION REQUIRED OF ALL APPLICANTS**

"How will your education benefit your future career goals and contribute to the good of the City of Boston?"

(Write an essay on a separate sheet of paper, no more than 250 words, single spaced.)

**SIGNATURE**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)